

ST CROIX VALLEY GOOD SAMARITAN CTR
750 LOUISIANA EAST

ST CROIX FALLS 54024 Phone:(715) 483-9815
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 91
Total Licensed Bed Capacity (12/31/04): 91
Number of Residents on 12/31/04: 86

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 85

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.4
Supp. Home Care-Personal Care	No					1 - 4 Years		43.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.0	More Than 4 Years		18.6
Day Services	No	Mental Illness (Org./Psy)	15.1	65 - 74	8.1			-----
Respite Care	No	Mental Illness (Other)	1.2	75 - 84	26.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.2	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.3	95 & Over	8.1	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	15.1		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	31.4	65 & Over	93.0	-----		
Transportation	No	Cerebrovascular	11.6		-----	RNs		14.5
Referral Service	No	Diabetes	3.5	Gender	%	LPNs		8.0
Other Services	No	Respiratory	2.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	16.3	Male	31.4	Aides, & Orderlies		
Mentally Ill	No		-----	Female	68.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care							
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	10	16.9	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	11.6	
Skilled Care	4	100.0	230	49	83.1	119	1	100.0	286	21	100.0	144	0	0.0	0	1	100.0	230	76	88.4	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	4	100.0		59	100.0		1	100.0		21	100.0		0	0.0		1	100.0		86	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	3.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	5.4	Bathing	0.0	64.0	36.0	86
Other Nursing Homes	7.1	Dressing	9.3	70.9	19.8	86
Acute Care Hospitals	83.7	Transferring	22.1	48.8	29.1	86
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	18.6	39.5	41.9	86
Rehabilitation Hospitals	0.0	Eating	47.7	44.2	8.1	86
Other Locations	0.5	*****				
Total Number of Admissions	184	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	15.1		Receiving Respiratory Care	25.6
Private Home/No Home Health	5.6	Occ/Freq. Incontinent of Bladder	12.8		Receiving Tracheostomy Care	2.3
Private Home/With Home Health	38.5	Occ/Freq. Incontinent of Bowel	40.7		Receiving Suctioning	0.0
Other Nursing Homes	3.9				Receiving Ostomy Care	5.8
Acute Care Hospitals	50.3	Mobility			Receiving Tube Feeding	4.7
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	7.0		Receiving Mechanically Altered Diets	5.8
Rehabilitation Hospitals	0.0				Other Resident Characteristics	
Other Locations	1.7	Skin Care			Have Advance Directives	72.1
Deaths	0.0	With Pressure Sores	4.7		Medications	
Total Number of Discharges		With Rashes	12.8		Receiving Psychoactive Drugs	64.0
(Including Deaths)	179					

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.4	87.4	1.07	85.5	1.09	85.9	1.09	88.8	1.05
Current Residents from In-County	84.9	76.6	1.11	71.5	1.19	75.1	1.13	77.4	1.10
Admissions from In-County, Still Residing	15.8	21.5	0.73	20.7	0.76	20.5	0.77	19.4	0.81
Admissions/Average Daily Census	216.5	125.9	1.72	125.2	1.73	132.0	1.64	146.5	1.48
Discharges/Average Daily Census	210.6	124.5	1.69	123.1	1.71	131.4	1.60	148.0	1.42
Discharges To Private Residence/Average Daily Census	92.9	51.0	1.82	55.7	1.67	61.0	1.52	66.9	1.39
Residents Receiving Skilled Care	100	95.2	1.05	95.8	1.04	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	93.0	96.2	0.97	93.1	1.00	93.2	1.00	87.9	1.06
Title 19 (Medicaid) Funded Residents	68.6	69.6	0.99	69.1	0.99	70.0	0.98	66.1	1.04
Private Pay Funded Residents	24.4	21.4	1.14	20.2	1.21	18.5	1.32	20.6	1.19
Developmentally Disabled Residents	0.0	0.4	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	16.3	40.3	0.40	38.6	0.42	36.6	0.44	33.6	0.48
General Medical Service Residents	16.3	17.9	0.91	18.9	0.86	19.7	0.83	21.1	0.77
Impaired ADL (Mean)	54.0	47.6	1.13	46.2	1.17	47.6	1.13	49.4	1.09
Psychological Problems	64.0	57.1	1.12	59.0	1.08	57.1	1.12	57.7	1.11
Nursing Care Required (Mean)	7.7	7.3	1.06	7.0	1.11	7.3	1.05	7.4	1.04